

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515191	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2026
NAME OF PROVIDER OR SUPPLIER Belmont Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 506 Riverview Road Belmont, WV 26134	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on a review of a facility reported incident (FRI) and staff interviews, the facility failed to use the investigation results to determine the appropriate action regarding sexual abuse. This was true for two (2) of five (5) residents reviewed for abuse during the Long-Term Survey Process. Resident identifiers: #56 and #67. Facility census: 60.a) Resident #67</p> <p>A review of the facility reportables found a sexual abuse allegation, dated 03/17/26, which involved Resident #67 reporting, Someone tried to rape me last night. She reported she was lying in bed asleep when she felt Resident #32 pulling on her leg. Resident #67 reported she wasn't sure what the man was doing, but she thought he was going to try to rape her.</p> <p>Employee #78 reported she was charting when she heard Resident #67 yelling. She reported that she and another Certified Nurse Assistant (CNA) went to check on Resident #67, and Resident #32 was standing in Resident #67's room naked. Employee #78 reported that she asked Resident #67 if she was okay and Resident #67 said, Yes, just get his naked ass out of here.</p> <p>Employee #43 reported that when they went to Resident #67's room, Resident #32 was standing in the room with just a t-shirt on, no brief or pants. Resident #67 was examined by the Nurse Practitioner (NP). Resident #67 reported to her that a man came into my room and pulled me down in bed.</p> <p>The facility submitted a Five-Day Follow-Up report to the appropriate state agencies. Under the Completions of Investigation/Conclusion section, it read, Allegations of sexual abuse are not substantiated.</p> <p>The facility failed to recognize Resident #67's expression of anxiety over awakening to Resident #32 being in her room (uninvited), naked from the waist down, and pulling her down in bed. The facility failed to recognize that Resident #67 considers the facility to be her home, where she expects to remain safe, have privacy, and be treated with respect and dignity. Resident #67 trusted that the facility staff would address her concerns related to Resident #32 being in her room uninvited, naked from the waist down, and pulling her down in bed. Resident #56 remained vulnerable throughout the incident and the investigative process.</p> <p>During an interview conducted on 04/29/26 at approximately 10:35 AM, the Administrator verified that Resident #32 was found in Resident #67's room with no brief or pants on 03/17/26. The facility's position was that no physical harm was done to Resident #67, which is why the allegation of sexual abuse was not substantiated.</p> <p>The facility failed to adequately evaluate whether Resident #67 felt safe or take steps to alleviate the fear.: (continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b) Resident #56</p> <p>A review of the Reportables found a sexual abuse allegation on 02/04/26 -Resident #32 inappropriately touching Resident #56.</p> <p>On 02/04/26 at 2:00 PM, Nurse Aide #13 reported that she witnessed Resident #32's hands under Resident #56's blanket rubbing close to her private parts. Staff intervened and asked Resident #56 if Resident #32 had touched her private area, she stated yes.</p> <p>During an investigation conducted by the Social Worker and Administrator, Resident #56 was interviewed regarding an incident involving Resident #32. Resident #56 stated that Resident #32 rubbed her private area and expressed her belief that the contact was intentional.</p> <p>Additionally, Resident #56 was examined by her attending physician, to whom she also verbalized that Resident #32 had touched her private area.</p> <p>When seen by the Psychologist she voiced no recollection of the event.</p> <p>The facility failed to recognize Resident #56's expression of anxiety over Resident #32 placing his hand under the blanket and rubbing the resident in an unwelcome fashion. The facility failed to recognize Resident #56 considers the facility to be her home, where there is an expectation that she would remain safe, had privacy, and would be treated with respect and dignity. Resident #56 trusted that the facility staff would address her concerns related to Resident #32 touching her / caressing her under the blanket, which was unwanted. Resident #56 remained vulnerable throughout the incident and the investigative process.</p> <p>A quarterly Minimum Data Set (MDS) assessment, with an assessment reference date of 04/21/26, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 14, indicating that Resident #56 was cognitively intact. A physician determination of capacity indicated that the resident has capacity.</p> <p>The facility's Five-Day Follow-Up report, under the completion of investigation section, it read I am unable to substantiate sexual abuse due to an inconsistency in statements.</p> <p>During interviews conducted on 04/29/26 at approximately 10:30 AM, the Administrator verified that Resident #32 touched Resident #56 on 02/04/26. The facility's position is that the contact with the resident's private area was accidental, occurring while Resident #32 was rubbing her leg under the blanket.</p> <p>The facility failed to adequately evaluate whether Resident #56 felt safe and/or take steps to alleviate the fear. Resident #32 theoretically continues to have access to Resident #56 and/or other vulnerable residents.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on food tray temperatures, resident interviews and staff interviews, the facility failed to serve food that was attractive, palatable and at a safe and appetizing temperature to prevent foodborne illness. Residents identified: #47, #33, #42 and #9. Facility census: 60 On 4/28/26 12:00 PM it was noted that the kitchen staff were not taking and recording temperatures for items on the always available menu. Before the surveyor brought it to the Director of Dining Services' (DDS) attention, the beef patties, hotdogs and brown gravy lacked recorded temperatures prior to the start of the lunch meal service. The DDS acknowledged they had not been taking and recording these food items' temperatures and will educate the staff to start doing so as soon as possible. The DDS stated, The always available menu item temperatures are not being recorded. I will start educating staff today, and we will start recording the temperatures of all food items.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and staff interview, the facility failed to store, prepare, distribute and serve food in accordance with professional food safety standards. Additionally, the facility failed to follow proper sanitation practices for food preparation equipment. This practice had the potential to affect all residents. Facility census: 60. Findings include: a) Healthcare Services Group (HCSG) policy #28 titled Environment states: All food preparation areas, food service areas, and the dining areas will be maintained in a clean and sanitary condition. The Dining Services Director will ensure that all employees are knowledgeable in the proper procedures for cleaning and sanitizing all of the food service equipment and surfaces. The Dining Services Director will ensure that a routine cleaning schedule is in place for all the cooking equipment, food storage areas, and surfaces. b) HCSG policy #19 titled Food Storage: Cold Foods states: All Time/Temperature Control for Safety (TCS) foods, frozen and refrigerated, will be appropriately stored in accordance with guidelines of the FDA Food Code. All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination. c) HCSG policy #27 titled Equipment states: All foodservice equipment will be clean, sanitary, and in proper working order. All equipment will be routinely cleaned and maintained in accordance with manufacturer's directions and training materials. All staff members will be properly trained in the cleaning and maintenance of all equipment. All food contact equipment will be cleaned and sanitized after every use. All non-food contact equipment will be clean and free of debris. d) HCSG policy #23 titled Manual Ware Washing (3-Compartment Sink) states: All cookware, dishware, and service ware not processed through the dish machine will be manually washed and sanitized. The Dining Services staff will be knowledgeable in proper techniques including: Before processing any dishware, service and/or cookware, it is best practice to set up the three compartment sink. Remember to check the water temperature and concentration of the sanitizer in the sink compartments. Water temperature must be maintained at 110 degrees Fahrenheit (F) in the wash sink. Chemical sanitizer testing and concentrations used according to manufacturer's guidelines. Appropriate test strips will be utilized to measure the concentration of the sanitizer solution for the chemical being used. Results will be recorded on the Three-Compartment Sink Log. e) Initial walkthrough of the kitchen on 04/27/26 at 11:06 AM. The Director of Dining Services (DDS) accompanied this surveyor and verified the findings were true. The top of the juice machine was soiled with debris. There were crumbs in the toaster tray. There was one (1) opened outdated brownie mix with a use-by date of 04/18/26 in the dry storage room. Employee coats were hanging on the bread rack. There was no open or use-by date on one (1) case of bacon in the walk-in cooler. The meat slicer was covered and had old food debris on and around the blade. No water temperature or sanitizer concentration was recorded on the three-compartment sink log for breakfast today (04/27/26). There was one beverage in the pantry refrigerator that was not labeled or dated. The microwave in the pantry was soiled and needed cleaning. During dining observation on 04/27/26 at 12:15 PM the beverage carts for 200 and 400 halls had trash bins on the same shelf as the milk containers intended for residents. The surveyor asked the Assistant Director of Nursing (ADON) if this was allowed and she stated, I am not sure, this is usually how they are sent out. On 04/27/26 at 12:30 PM the ADON removed the trash bins from both beverage carts. On 04/28/26 at 12:11 PM this surveyor found an employee's coat hanging on the bread rack again. The DDS verified this, moved the coats to the proper area and told staff to please don't hang them there anymore.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observation and staff interview, the facility failed to store, prepare, distribute and serve food in accordance with professional food safety standards. Additionally, the facility failed to follow proper sanitation practices for food preparation equipment. This practice had the potential to affect all residents. Facility census: 60. Findings include: a) Healthcare Services Group (HCSG) policy #28 titled Environment, states: All trash will be contained in a covered, leak proof containers that prevent cross contamination. b) HCSG Policy #30, titled Dispose of Garbage and Refuse, states: The Dining Services Director will ensure that appropriate lids are provided for all containers. On 04/27/26 at 11:06 AM this surveyor completed an initial walkthrough of the kitchen with the Director of Dining Services (DDS). There was no lid on the trash can beside the juice machine. The DDS verified this deficient practice and placed a lid on the container. There was also no lid on the trash can in the dish room. The DDS verified this deficient practice and stated, We do not have a lid for this trash can, but I think maintenance has ordered one.</p>